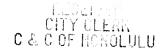
Emergency Services (HESD)



OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-3077 Telephone: 768-3810



2014 FEB -7 PH 1:47

PUBLIC DISCLOSURE FORM FOR CALENDAR YEAR 2013

(PRINT OR TYPE CLEARLY) NAME Mark Knapp Rigg POSITION/ELECTIVE OFFICE Director Department of Emergency Services DEPARTMENT/AGENCY NAME OF SPOUSE Jennifer B. Lyons Check the appropriate box and fill in any applicable dates: INITIAL STATEMENT: Date on which you assumed office or began employment in this position You must file within twenty (20) working days after this date disclosing financial interests held during the preceding calendar year. ANNUAL STATEMENT: You are required to file not later than January 31 of each year disclosing all financial interests held during the preceding year. LEAVING OFFICE STATEMENT: You are leaving or have left your office on and must file a statement within ten (10) working days of that date. You must disclose financial interests held during the preceding calendar year. CANDIDATE STATEMENT: You must file no later than ten (10) working days after the deadline for filing as a candidate for office disclosing interests held during the calendar year preceding the due date of the statement. **VERIFICATION** I declare that I have used all reasonable diligence in preparing this form, that I have reviewed Item Nos. 1 through 9, and to the best of my knowledge the information provided in this form is true and correct. Signature

GENERAL INSTRUCTIONS

All questions must be answered in regard to yourself, your spouse, and all dependent children. Use Abbreviations:

All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by "range of value". You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

A. Less than \$1,000	E. \$50,000 - \$99,999	I. \$300,000 - \$399,999	M. \$700,000 - \$799,999
В. \$1,000 - \$9,999	F. \$100,000 - \$149,999	J. \$400,000 - \$499,999	N. \$800,000 - \$899,999
C. \$10,000 - \$24,999	G. \$150,000 - \$199,999	K. \$500,000 - \$599,999	O. \$900,000 - \$999,999
D. \$25,000 - \$49,999	H. \$200,000 - \$299,999	L. \$600,000 - \$699,999	P. At least \$1,000,000

1. **INCOME.** Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

	None		Additional sheets	attached
--	------	--	-------------------	----------

Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
F	C&C Honolulu	Director, Dept. of Emergency Services	2013	F
SP	Ekimoto & Morris LLLC	Attorney	2013	F
				1

[&]quot;F" for filer

[&]quot;SP" for spouse

[&]quot;DC" for dependent children

[&]quot;JT" for joint interests of the filer and filer's spouse

2.	CREDITORS. Do no of consumer goods, v	whatever the ar	ots of less than \$ mount. Do repo	ort a secured o	report debts the bligation such a	at arise out of retail ins s a home mortgage o	stallment or a car lo	transactions for the purchase oan. Do report student loans.
F	Person(s) Incurring Del	bt	Creditor		Original	Loan Amount		Amount Outstanding
F, SP		Ame	rican Savings B	ank	J		1	
3.	or more or equal to 10)% or more of o or state regulate	wnership of bus ed financial inst	inesses incorp	orated, regulate	ed, or licensed to carr	y on busi	ests having a value of \$5,000 ness in Hawaii. Do not report mutual fund or blind trust, if
	✓ None [Additional s	heets attached					
	Owner(s)		Name and lress	Nature o	f Business	Percentage of Int	erest	Value of Interest

4. OWNERS	SHIP OR INTERESTS to carry on business in	TRANSFER Hawaii.	RED. Only report transfers	of ownerships	or interests in businesses in	corporated, regulated, o
✓ N	lone Addition	nal sheets at	tached			
0	wnership or Interest		Date of Transfer			
organizati corporatio	on, whether or not op on. Be sure to report fi	erated for pr duciary posit	rofit. Fiduciary positions als ions in non-profit corporation	o include bei	directorships, or positions as ting a majority shareholder in	rustee in any business o a small or closely held
✓ N	one L Addition	nal sheets att	tached			
Position	Holder	Name 8	Address of Business or Org	ganization	Term of Office	Annual Compensation

_						
6.		NINSOLVENT BUSINESS worth \$	5,000 or more.			
	✓ None	ditional sheets attached				
	Holder	Name & Addres	s of Business	Nature of Busine	ess	Value
7.	CLIENTS PERSONALLY RI the preceding calendar year authority and do not need to	EPRESENTED BEFORE CITY AGE r. Do not report representation inv be disclosed.	NCIES. Only report olving ministerial r	t representation for wh matters. "Ministerial r	ich you rece natters" do	eived compensation during not require discretionar
	☑ None ☐ Add	ditional sheets attached				
	Representative	Client	City	Agency	Natur	e of Representation

8.		nner, such as assesse		nd County of Honolulu. Report the value of the property in an		
	— None	Additional si	leets attached			
	Owner(s)	Tax Map	Key Number & Stree	et Address	Value	Year Obtained
SP		220450270000; 31	56 Alika Avenue, Ho	onolulu HI 96817	P	2004
9.					the City and County of Honoless than the value (as in the	olulu during the preceding calenda e case of a gift).
	✓ None	Additional sl	neets attached			
	Seller/Donor	Buyer/Donee	Date	Price	Tax Map Key Nu	umber & Street Address
			L	1	1	



2014 JAN 28 AM 10: 29



OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-3077 Telephone: 768-3810

DISCLOSURE OF FINANCIAL INTERESTS PUBLIC DISCLOSURE FORM FOR CALENDAR YEAR 2014

(PRINT	OR TYPE CLEARLY)		
NAME	lan T. T. Santee	POSITION/ELECTIVE OFFICE _	Deputy Director
DEPAR	RTMENT/AGENCY Honolulu Emergency Services		
NAME	OF SPOUSEJoy S. Watanabe		
Check	the appropriate box and fill in any applicable dates:		
	INITIAL STATEMENT: Date on which you assumed office or beg You must file within twenty (20) working days after this date discl	an employment in this position osing financial interests held during	the preceding calendar year.
1	ANNUAL STATEMENT: You are required to file not later than Japreceding year.	nuary 31 of each year disclosing a	ll financial interests held during the
	LEAVING OFFICE STATEMENT: You are leaving or have left yo file a statement within ten (10) working days of that date. You mu	our office on ust disclose financial interests held	and must during the preceding calendar year.
	CANDIDATE STATEMENT: You must file no later than ten (10) of disclosing interests held during the calendar year preceding the	working days after the deadline for lue date of the statement.	filing as a candidate for office
	VERIFI	CATION	
knowled Date	I declare that I have used all reasonable diligence in preparing the difference in provided in this form is true and correct. Signature	Marian	Nos. 1 through 9, and to the best of my

findsfrm Rev. 8/01/11

2

GENERAL INSTRUCTIONS

All questions must be answered in regard to yourself, your spouse, and all dependent children. Use Abbreviations:

"F" for filer

"SP" for spouse

"DC" for dependent children

"JT" for joint interests of the filer and filer's spouse

All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future

Disclosures need not be made by exact dollar amounts but may be reported by "range of value". You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

A. Less than \$1,000	E. \$50,000 - \$99,999	 I. \$300,000 - \$399,999 J. \$400,000 - \$499,999 K. \$500,000 - \$599,999 L. \$600,000 - \$699,999 	M. \$700,000 - \$799,999
B. \$1,000 - \$9,999	F. \$100,000 - \$149,999		N. \$800,000 - \$899,999
C. \$10,000 - \$24,999	G. \$150,000 - \$199,999		O. \$900,000 - \$999,999
D. \$25,000 - \$49,999	H. \$200,000 - \$299,999		P. At least \$1,000,000

1. INCOME. Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

None Additional sheets attached

Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
F	City & County of Honole	Deputy Director	2013	F
SP	UH Foundation	Director of Compliance	2013	E

findsfrm Rev. 8/01/11

Parasa (a) la suria D 11						
Person(s) Incurring Debt	Creditor		Origina	I Loan Amount		Amount Outstanding
F	вон		J		G	
F	APFCU		E		E	
SP	AES Graduation Ser	vices	F		D	
SP	Education Financial		G		E	
	İ			:		
0 0111111111111111111111111111111111111						
or more or equal to 10% accounts in federal or si	state regulated financial insti	inesses incor	norated requiat	ed or licensed to carry	on hucin	sts having a value of \$5,00 less in Hawali. Do not repo mutual fund or blind trust,
accounts in federal or si the fund or trust is disclo	tate regulated financial instiple of the state regulated financial instiple of the state of the	inesses incor	porated, regulatial insurance po	ed, or licensed to carry licies, or individual ite	on busin	ess in Hawali. Do not repo mutual fund or blind trust,
or more or equal to 10% accounts in federal or s the fund or trust is disclo	of more of ownership of busi state regulated financial insti osed under this item. Additional sheets attached	inesses incor	norated requiat	ed or licensed to carry	on busin	acc in Hawali Da ant roan
or more or equal to 10% accounts in federal or s the fund or trust is disclo	tate regulated financial instiple of the state regulated financial instiple of the state of the	inesses incor	porated, regulatial insurance po	ed, or licensed to carry licies, or individual ite	on busin	ess in Hawali. Do not repo mutual fund or blind trust,
or more or equal to 10% accounts in federal or s the fund or trust is disclo	tate regulated financial instiple of the state regulated financial instiple of the state of the	inesses incor	porated, regulatial insurance po	ed, or licensed to carry licies, or individual ite	on busin	ess in Hawali. Do not repo mutual fund or blind trust,
or more or equal to 10% accounts in federal or s the fund or trust is disclo	tate regulated financial instiple of the state regulated financial instiple of the state of the	inesses incor	porated, regulatial insurance po	ed, or licensed to carry licies, or individual ite	on busin	ess in Hawali. Do not repo mutual fund or blind trust,

4. OWNERSH licensed to	IIP OR INTERESTS carry on business in	TRANSFERRED. Only Hawaii.	report transfers of owners	ships or interests in businesses i	ncorporated, regulated, or
√ No	ne Addition	al sheets attached			
Owi	nership or Interest	Date	of Transfer		
organizatior	i, whether or not op	ary positions include, but erated for profit. Fiduci luciary positions in non-	arv positions also include	nips, directorships, or positions as being a majority shareholder i	trustee in any business or n a small or closely held
✓ Nor		al sheets attached			
Position	Holder	Name & Address of	Business or Organization	n Term of Office	Annual Compensation

			·					
6.		N INSOLVENT BUSINESS wort ditional sheets attached	h \$5,000 or more.					
	Holder	Name & Add	Name & Address of Business		ess	Value		
7.	CLIENTS PERSONALLY REPRESENTED BEFORE CITY AGENCIES. Only report representation for which you received compensation during the preceding calendar year. Do not report representation involving ministerial matters. "Ministerial matters" do not require discretionary authority and do not need to be disclosed.							
		ditional sheets attached						
	Representative	Client	City	City Agency		Nature of Representation		
		l						

None None	Additional s	sheets attached			
Owner(s)	Tax Map Key Number & Street Address			Value	Year Obtained
1/3 F	24037049			P	2001
9. REAL PROPE year. For this None	mem, indicate the actu	Only report real prail amount of the transheets attached	operty transferred in saction, even if it is	the City and County of Hon less than the value (as in th	olulu during the preceding calendar e case of a gift).
Seller/Donor	Buyer/Donee	Date	Price	Tax Map Key N	umber & Street Address